

60. (Previously presented) The catheter of claim 52, wherein the length of the tapered end section is at least 0.5 cm.
61. (Previously presented) The catheter of claim 52, wherein the length of the tapered end section is variable.
62. (Previously presented) The catheter of claim 52, wherein the tapered end section is detachable.
63. (Previously presented) The catheter of claim 52, wherein the tapered end section includes attachment means for removably attaching to a tip of the catheter.
64. (Previously presented) The catheter of claim 52, wherein the tapered end section tapers from an inner diameter of 0.035 inches to 0.018 inches, and wherein the outer diameter tapers from 4 french to 3 french.

Remarks:

First I would like to thank the examiner for granting me the telephone interview of November 30th, 2006 and for being so very courteous. During this interview, we discussed the mechanical and functional differences between the art of record (Engelson et al., U.S. Patent Number 6,030,369) and the instant invention. The examiner and I agreed that the basic difference is that Engelson does NOT incorporate a "curve" within his end/tip section (member # 102) as is disclosed within the instant application and claims (as section/member #103).

The reason why this curve in the end section of the instant invention is so important is that it facilitates catheterization of the bilateral uterine arteries (or any other pelvic arterial branch) while minimizing trauma and damage to the arteries. Trauma to these vessels can lead to an adverse clinical event and/or prevent completion of an important endovascular therapy. The unique and distinct anatomy and physiology of the uterine arteries are what initially resulted in the idea for the invention. The primary and secondary curves (Figure 1, sections 104 and 105) allow bringing the catheter tip into proximity to the preferred artery. The distal tip of the catheter (Figures 1 and 2, section 103) requires at least one curve in order to allow catheterization of the uterine arteries and they frequently arise at a very acute angle from the anterior division of the internal iliac artery. One catheterizes an artery most safely over a guidewire to minimize trauma, as a hollow end of a catheter can cause dissection easily (i.e. the lifting of the intima, or lining, of the artery). When one relies solely on the guidewire to catheterize a uterine artery it may not be sufficient because of the anatomic angle and may result in vessel damage (dissection and/or perforation and/or spasm) by passing the wire over the origin of the artery numerous times without successful engagement, or the wire will engage the artery but not allow

the catheter to track over it. The tip of Engelson's invention, section 102, lacks a curve and thus will NOT perform adequately when compared to my invention as it would rely solely upon the guidewire to catheterize the blood vessel, not the shape of the tip of the catheter. This would allow increased traumatic forces to be applied to the artery as there is no inhibiting curve to reduce the force from the guidewire leaving the catheter and engaging the surface of the artery. The curve in my invention not only allows catheterization but it will reduce the force of the guidewire leaving the tip of the catheter and thus minimize damage to the blood vessel. **THIS IS A DISTINCT MECHANICAL ADVANTAGE OVER ENGELSON.** Depending on the point one wishes to leave the catheter for therapy, the tip (section 103) can have one or several curves, depending on the length of the tip which, as I have revealed, can be variable. The uterine artery has a descending, horizontal and ascending portion and the configuration of this artery would govern which is the most appropriate tip configuration to utilize. For these reasons, it is a definite and important mechanical advantage and advancement in the field and an improvement over the prior art. Therefore, the Section 102 rejections to claims 32, 45, and 58 applied by the examiner should be immediately withdrawn since not every single element of the claims is disclosed by the prior art (Engelson et al., U.S. Patent Number 6,030,369).

As set forth in the amendments to the claims (above), the claims (32, 45, and 58) that are drawn to the "curve" in the end/tip section have been canceled and these limitations added to their appropriate independent claims (1, 39, and 52) respectively. Therefore the claims as amended overcome the prior art of record and should immediately be allowed.

If during an "update search" the examiner discovers different art that he feels discloses a "curved section" within an "end/tip section" of a catheter (that performs the SAME function and provides the SAME advantages as disclosed by the instant application) and feels it would have been "obvious" to modify the disclosed prior art of Engelson to incorporate a "curved end/tip section", the examiner is reminded that any new rejections made by an examiner using prior art that has NOT already been set forth by the examiner the resulting action must be made "NON-FINAL". The applicant also takes the position that modifying Engelson to incorporate ANY curved portions within his end/tip section would "DESTROY" the functionality of Engleson, and thereby would NOT perform as designed.

For the reasons stated along with the amendment herein, the applicant respectfully requests an immediate allowance of the instant claims.

The examiner is also invited TO CALL THE APPLICANT if the examiner concludes that certain additional claim language would result in an immediate allowance.

One last comment, as a matter of industry fact: the technology